

Lobbying Supplemental Registration Form

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6690. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

690

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/10/03

LORETTA

1. NAME Wetmore, Vickie R. Last _____
First _____ MI2. BUSINESS PHONE 725-295-10403. BUSINESS ADDRESS 2361 Caliplace Court City: Baton Rouge, LA 70808
Street and No.: State: Zip:MAILING ADDRESS C. R. W. City _____
Street and No. _____ State _____ Zip _____

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS Street and No. _____ City _____ State _____ Zip _____6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Year Under One
Address 2361 Caliplace Court Suite 753-105, Baton Rouge, LA 70808

Business or purpose _____

 New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of 7/2003

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number:	

2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist